



Economic Impact Analysis Virginia Department of Planning and Budget

18 VAC 85-40 – Regulations Governing the Practice of Respiratory Care Practitioners Department of Health Professions

May 14, 1999

The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with Section 9-6.14:7.1.G of the Administrative Process Act and Executive Order Number 25 (98). Section 9-6.14:7.1.G requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. The analysis presented below represents DPB's best estimate of these economic impacts.

Summary of the Proposed Regulation

The Board of Medicine proposes the following changes to its *Regulations Governing the Practice of Respiratory Care Practitioners*:

- Reorganization of the application, education, and examination requirements,
- An active practice requirement for licensure renewal,
- Clarification of the requirements for reinstating a lapsed license,
- Increase in the penalty fee for late renewals from \$10 to \$25, and
- Addition of the following fees: \$500 for reinstatement of a revoked license, \$10 for a duplicate license, \$25 for a duplicate wall certificate.

Estimated Economic Impact

Application, Education and Examination Requirements

The proposed regulation reorganizes the application, education, and examination sections, which specify the documentation or verification necessary to become licensed as a respiratory care practitioner in Virginia. A majority of the changes clarify the requirements or eliminate redundancy. This will make the regulations easier to understand and more useful for the regulated community, but since they do not alter current practices, they will not have any significant economic consequences.

The current rules were established when only voluntary certification was offered for this profession. Those rules required that all applicants pass the National Board for Respiratory Care, Inc. (NBRC) entry-level examination for respiratory care. Effective July 1, 1998, legislation was passed that mandated licensure for practice in this profession. In response, the Board proposes to now require that, in addition to passing the NBRC exam, all applicants be graduates of an accredited educational program *OR* hold current credentialing as a Certified Respiratory Therapy Technician (CRRT) or as a Registered Respiratory Therapist (RRT) from the NBRC.

Currently, all candidates for the national examination must have graduated from an accepted respiratory therapy educational program, however prior to 1970 this was not so. The proposed language will allow individuals who hold the credentials and have been practicing for a number of years to obtain licensure. This amendment will not impose any additional burden on applicants for licensure and therefore should not have any significant economic consequences.

Active Practice Requirement for Renewal

The most significant change proposed to the current regulations is the addition of an active practice requirement for the renewal of an active license. The existing rules do not require any proof of continuing competency in the profession. While the proposed requirement, 160 hours of active practice during a biennium, does not guarantee that the licensee is learning new techniques and information, the Board feels that it will provide minimal assurance that the practitioner is remaining current in his professional knowledge and skills. To accommodate

persons who respiratory care practice may consist of educational, administrative, supervisory, or consultative services rather than direct patient care, the Board has added a definition of “active practice” to clarify that those professional activities are acceptable for the purpose of fulfilling the renewal requirement.

There will be no compliance costs for the majority of licensees, even for persons who only work part-time or on an occasional basis. Individuals who have either left the state or temporarily left practice of their profession will no longer be able maintain active licensure status with the Board of Medicine. However, the Board is concurrently proposing (in a separate action) the establishment of an inactive license with a reduced renewal fee that will provide a means for inactive practitioners to document their connection to their profession.

It is not possible at this time to estimate the benefits derived by the public from attempts to assure the competency of practitioners to provide safe, effective care to patients. However, it is reasonable to expect that the benefits would outweigh the anticipated costs, which themselves are minimal.

Miscellaneous Changes

Amendments are added to specify the requirements for reinstating a lapsed license. The fee for reinstatement remains the same, but the reinstatement application will now require evidence of continued competency (e.g., active practice in another jurisdiction, educational courses, continuing education, or re-examination) thereby providing the Board a basis on which to grant or deny the reinstatement.

The amended regulations increase the penalty for late renewals from \$10 to \$25, which is consistent with the late fee charged other professions regulated by the Board. According to DHP, the proposed fee more accurately reflects the costs incurred by the Department for processing late renewals, which cannot be processed through the automated system but must be manually entered. A fee of \$500 for reinstatement of a revoked license is also proposed. The reinstatement fee is intended to cover the cost of processing and evaluating the reinstatement application. While the fee will raise costs for practitioners who renew late or wish to reinstate a

revoked license, charging individuals for the full costs incurred on their behalf is both efficient and equitable and should result in a small net economic benefit.

The proposed regulation also includes addition of a \$10 fee for duplicate licenses and a \$25 fee for duplicate wall certificates, which are similar to the fees charged by other boards for duplicate documents. These proposed fees formalize in regulation what is the current practice by the Board of Medicine, therefore no economic consequences are expected.

Businesses and Entities Affected

There are 2,706 respiratory care practitioners currently licensed in Virginia.

Localities Particularly Affected

The proposed regulation will not uniquely affect any particular localities.

Projected Impact on Employment

The proposed regulation will not have any significant impact on employment.

Effects on the Use and Value of Private Property

The proposed regulation will not have any significant effects on the use and value of private property.